

CITY OF LANSING DEVELOPMENT OFFICE

316 N. CAPITOL AVENUE, SUITE D-2, LANSING, MI 48933 PHONE: 517-483-4040 FAX: 517-483-6036

CONTRACTOR APPLICATION

Company Name	·	 			
Type of Contractor:		Federal EIN	Federal EIN:		
•	• • • •	•	tation for each trade your company is Contractor, Plumbing, Electrical or		
especially the ID nur			mployees. Copies must be readable, ance with General Liability, Workers		
Company Address					
	Street Address (and/or P	O Box)	City, State, Zip code		
Phone:	Cell Phone:	Fa	x Number:		
Contact Person:		Title:_			
Email Address:			Year business started:		
NOTE: If a corporat	a name other than the owner's	of the incorporation	etor □ LLC □ n, partnership or LLC documents. If py of the DBA registration. Provide		
Name	% of Ownership	Title	Social Security Number		
Address (Street, City,	, State, Zip)		Phone Number		
Name	% of Ownership	Title	Social Security Number		
Address (Street, City,	, State, Zip)		Phone Number		
Name	% of Ownership	Title	Social Security Number		
Address (Street, City,	, State, Zip)		Phone Number		

Yes □	No □	Is your company certified as a Minority Owned Business by the Michigan Minority Development Council? If yes, please provide certification.		
Yes □	No □	Is your company certified as a Women Owned Business by the Michigan Women Business Council? If yes, please provide certification.		
Yes □	No □	Does your company qualify as a Section 3 Business Concern? (www.hud.gov/offices/fheo/section3/section3.cfm) If yes, attach your Certification for Business Concerns Seeking Section 3 Preference and other appropriate documents.		
Yes □	No □	Is this your primary occupation? If no, please explain:		
Yes □	No □	Have you ever filed for bankruptcy? If yes, please explain:		
Yes □	No □	What other businesses have you owned or operated in the past? List reasons for change:		
Yes □	No □	Do you or your business own property in the City of Lansing?		
Yes □	No □	Do you or your business own property in Ingham County?		
Yes □	No □	If yes, are all property taxes and business taxes with the City of Lansing current?		
Yes □	No □	Do you have business, personal or family relationships with any City staff or elected officials? If yes, please list:		
Yes □	No 🗆	Are you interested in only doing a specific type or size of work? (Example: only small jobs, roofs, electrical, etc.) If yes, please specify:		
Yes □	No □	Will you warranty your work for up to two (2) years?		
Yes □	No □	Could you acquire a Performance Bond for contracts over the \$100,000 or Irrevocable Letter of Credit in the amount of \$10,000 or more?		
Yes □	No □	Is your firm Renovation, Repair and Painting certified with the Environmental Protection Agency? (This is a requirement for working in our program.) If yes, provide your EPA Certification, as well as certification for RRP trained workers. If no, you must become certified before beginning work in our program.		
Yes □	No □	Do you have any unresolved complaints pending against your license?		
List other citi	ies in which you	r firm or principals have operated:		
What other finance, construction or real estate related businesses are your owners involved with?				

	e to gain these certifications and/or certificates		,	
	nd their lead paint certification level. Include a	.,	an Certification or Safe	
Is your company a L Michigan Certification	Lead Abatement Contractor per the State of Mion.	chigan? Y□ N□ If yes, pro	ovide a copy of the State of	
Please check any category below that would reflect the status of the business owner. This is for statistical purposes;				
however, they are required for reports on projects using federal funds.				
☐ White	☐ Black or African American	☐ Amer. Indian or Alaskan N	lative	
☐ Asian	☐ Native Hawaiian or Other Pacific Islander	☐ Amer. Indian or Al. Native	e & White	
☐ Asian & White	☐ Black or African American & White	☐ Amer. Indian or Al. Native & Black or African American		
☐ Other Multi-Racia	I			
Total Number of Employees?		# who are minority?	# who are women.	

Note on Lead Certification: Though the City of Lansing Development does not require General Contractors on their bidders list to be a Certified Lead Abatement Contractor or certified to perform Interim Controls, most jobs will require this

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- 1. That ALL work will be performed in accordance with the technical specifications and completed with quality workmanship, subject to final inspection and approval by the Contracting Authority.
- 2. That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- 3. That proof of General Liability Insurance in the amount of \$1,000,000.00, Workers Compensation Insurance (when required by law) in the amount of \$1,000,000.00 and Vehicle Liability Insurance (when required by law) in the amount of \$1,000,000.00 listing the City of Lansing as an additional insured, will be provided to this office at the time of application and throughout the term of work performance with the City.
- 4. That copies of all Contractors, Journeyman or Masters Licenses will be provided to this office at time of application and throughout the term of work performance with the City.
- 5. That you, the contractor, will abide by the regulations stated in 24 CFR 570.67, as follows:
 - Executive Order 11245 as amended, regarding non-discrimination in employment pertaining to all parts including Equal Employment and Contracting Opportunities.
 - Executive Order 13279 (67 FR 77141, 3 CFR 2002) regarding Equal Protection of the Laws for Faith-Based and Community Organizations
 - Contractor agrees to implement these regulations, including furnishing all information and reports as required by the Executive Order 11246 of Sept, 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant there to, per 41 CFR Chapter 60.
 - Contractors shall comply with Section 3 Requirements of the Housing and Urban Development Act of 1968, per 24 CFR Part 135.
- 6. That all work performed under this program will be done in conformance with all applicable codes and zoning regulations.

Conflict of Interest: I certify that I have no relationships with elected officials, board members or staff of the City of Lansing, Ingham County or the Ingham County Land Bank Fast Track Authority.

<u>Penalty for false or fraudulent statements</u>: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly falsifies . . .or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

SIGNED:	DATE:
SIGNED:	DATE:

material suppliers. Be sure to include FAX No's. Note: For Lowes, Home Depot or Menards please attach most recent statement. Name: ____Address: ____ Fax No: Phone No: Address:_____ Name: Fax No:_____ Phone No: Name: Address: Fax No:_____ Phone No: Address: Name: Phone No: Fax No: Name: Address: Fax No: Phone No: Name: Address: Phone No:_____ Fax No:_____ Customer References: List name, address, and phone number of at least three (3) recent customers (work performed in the past year), who have had work completed by your firm. Be sure the reference is appropriate for the kind of work you are applying for. If submitting multiple applications, provide references for each kind of work. Person spoken to: Client Name: ____ Type of work done: ___ Phone #: _____ Amt: \$ __ Timely finishing job? Y N Address: Recommend to others? Y N How problems resolved, warranty/workmanship, other comments: Work done: Date Completed: _____ Client Name: Person spoken to: Type of work done: Phone #: _____ Amt: \$ _____ Timely finishing job? Y N Address: Recommend to others? Y N How problems resolved, warranty/workmanship, other comments: Work done: _____ Date Completed: _____ Client Name: Person spoken to: Type of work done: _____ Phone #: Amt: \$ Timely finishing job? Y N Address: Recommend to others? Y N How problems resolved, warranty/workmanship, other comments: Work done: Date Completed:

Business References & Established Credit References: THREE (3) REQUIRED for each. Include local banks and/or



AUTHORIZATION FOR RELEASE OF INFORMATION

City of Lansing Development Office 316 N. Capitol Ave., Suite D-2, Lansing, MI 48933 Phone: 517-483-4040

The undersigned authorizes the City of Lansing Development Office to contact any financial institution or material suppliers, as listed under "Credit and Business References", to obtain credit or business information deemed necessary to verify my eligibility to participate as an "Approved Contractor" for the City of Lansing Development Office Rehabilitation Programs.

The undersigned also authorizes the City of Lansing Development Office to share business, credit and work reference information, along with other information contained within this application document with other partner agencies that may include Ingham County Land Bank, Ingham County Housing Commission, Greater Lansing Housing Coalition, Franklin Street Community Housing Commission and others.

Signed:	Printed Name:
Company Name:	•
Date:	